

As to the proper method of submitting a patient's complaint to the Society, we find the following:

1. Chapter V, Section 1 (a) of your by-laws adopts the disciplinary procedure set out in Chapter II, Section 3 of the by-laws of the C.M.A.

2. Section 1 (b) of said chapter in your by-laws provides that charges may be referred either by a member of the Society or by the Committee on Professional Relations. In this instance, I assume that no specific member could prefer the charges, and, therefore, formal charges would have to be filed with the Council by the Committee on Professional Relations.

3. Chapter IX, Section 4 (f) defines the duties of said Committee requiring it to "receive and investigate all complaints against any member of this Society accused of an act or omission subject to discipline according to Article IV of the constitution of the Society and may prefer formal charges on its own motion of any such act or omission when it deems such action justified." This reference to "Article IV" apparently is a misprint and is intended to refer to Section 4 of Article II of the constitution. As Section 4 governs all disciplinary action, the Committee on Professional Relations has authority under your by-laws to hear the complaint by a patient and then to file formal charges against the physician involved with the Council as it deems such action justified.

4. Section 4 (f) of Chapter IX of your by-laws also provides that acts and proceedings of the Committee on Professional Relations shall be secret and confidential until it files formal charges.

In view of the foregoing, I suggest that the proper procedure to be followed in this case would be first, to refer the patient's complaint to the Committee on Professional Relations which could consider the matter, interview the complaining patient and, perhaps, the patient's friend who may also have cause of complaint on account of the treatment of her son. If the Committee on Professional Relations determines there are grounds for filing charges, it should then file formal charges with the Council of the _____ County Medical Society following the procedure set out in Chapter II, Section 3 of the C.M.A. by-laws.

If the Committee on Professional Relations should determine to file formal charges with the Council of the Society, we will be glad to advise you further, if desired, on any questions which may arise under the procedure set out in the C.M.A. by-laws.

We are returning herewith your copy of the _____ County Medical Society constitution and by-laws.

Very truly yours,
(Signed) HARTLEY F. PEART.

Concerning Item Regarding Late Dr. Paul Tatsuguchi:

(COPY)

COLLEGE OF MEDICAL EVANGELISTS

Clinical Division

White Memorial Hospital

Los Angeles, November 24, 1944.

George H. Kress, M.D., Editor, *Addressed*.

Dear Dr. Kress:

I am very slow in answering your letter of November 6, regarding the article which was published in CALIFORNIA AND WESTERN MEDICINE, for October (p. 210), regarding the death of Dr. Paul Tatsuguchi at Attu. I have heard and have read a number of reports regarding this man, and I suppose that if we ever know the truth we may have to wait until the close of the war. I understand that some of the information in his diary was made public, but that much of the information has been withheld by the military.

At any rate, I am enclosing two articles which have been published here, the first one is of September 15, 1943, and the other is in the Alumni Journal of November, 1943. It may be that the report in the CALIFORNIA AND WESTERN MEDICINE is correct, but one or two of the boys who have investigated the situation at Attu apparently disagree with some of the opinions as published by the press.

While Tatsuguchi was a student with us he was very quiet and coöperative and otherwise a good student. A number of his classmates refused to think the worst of him and believed that to a greater or lesser extent he was a victim of circumstances because he was in Japan at the outset of the war. . . .

With best regards, I remain,

Sincerely yours,

(Signed) W. E. MACPHERSON, M.D., *President*.

Concerning Facilities for Plastic Surgery in Government Hospitals:

(COPY)

THE AMERICAN LEGION

Department of California

Service Department, Veterans Administration,

Fort Miley, San Francisco 21, California

Dear Dr. Kress:

Your recent communication addressed to the State Veterans Welfare Board regarding Plastic Surgery in Veterans' Hospitals has been referred to my attention for reply.

It has been our experience that in nearly every case where a veteran needed plastic surgery he was given this attention before he was discharged from the Armed Forces.

The Veterans Administration have the authority to do this type of surgery for veterans who require same after they are discharged from the Military Service and the provisions of their regulations are quite liberal which provides that if they do not have on their Staff qualified plastic surgeons at the time such surgery is needed the Managers have the authority to hire on a fee basis qualified doctors for such work.

If there is any other question at issue in this matter that I have not answered, please feel free to call upon me.

Yours very truly,

(Signed) CHARLES R. FARRINGTON,
Department Service Officer.

Private Nurse Use in Civilian Cases Curbed.—Because of the urgent need for nurses in the armed forces, civilian employment of certain classes of private duty nurses will be restricted under joint action taken on January 19 by the California State Nurses' Association and the State Committee for the Procurement and Assignment of Nurses.

Coöperation Asked

Identical resolutions adopted by the two agencies called on professional nurse registries operated by local districts of the nurses' association to "no longer fill private duty calls with private duty nurses classified by the Procurement and Assignment Committee as available for military service or essential duty."

California hospitals and doctors were called upon to coöperate in the move, which, if effective, should result in larger numbers of private duty nurses either responding to the appeals of the Army and Navy, or replacing in hospitals and other essential institutions nurses who have heeded the call to military service.

Private duty nursing needs of the civilian population, in this event, would be met by nurses ineligible for military duty, or by older nurses.